

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BETHANY RETIREMENT CENTER

909 N SALISBURY AVENUE
SPENCER, NC 28159

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 000 Initial Comments

This report is of a biennial construction survey done by Bob Getchell and Dennis Harrell on February 4, 2015.

This facility was submitted or licensed on 12/01/1975 as a Home for the Aged serving 29 residents. On February 17, 1987 a 14 bed addition was built bringing the current capacity up to 43 residents. Therefore the older section of the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 NC State Building Code for D-2 Institutional Occupancy. The newer section of the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 NC State Building Code for I-2 Institutional Occupancy.

Deficiencies were noted which will require a plan of correction.

C 000

CONSTRUCTION SECTION

APR 01 2015

RECEIVED

C 101 Existing Licensed Fac- No less than 71 Rules

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each adult care home shall be applied as follows:
(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and

C 101



Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Susan Jones

Administrator

3-31-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER BETHANY RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBURY AVENUE SPENCER, NC 28159			
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C 101	Continued From page 1 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm or obstructing sprinkler coverage. Findings on 02/04/2015: The office closet has no sprinkler, heat detector, or smoke detector. Provide sprinkler coverage in this closet. 2. Based on observation, the facility was not maintained in a safe manner by having doors of insufficient rating installed on the corridor. This could affect all residents and staff by not containing smoke and fire in the room of origin. Findings on 02/04/2015: The corridor door on room 8 is a 1 3/8 inch thick hollow-core door. Install a 1 3/4 inch solid-core door.	C 101	SALISBURY FIRE AND APPLIANCE TO PUT SMOKE DETECTOR IN OFFICE CLOSET REPLACE HOLLOW DOOR WITH SOLID DOOR		4-9-15 4-4-15
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;	C 133			

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NAME OF PROVIDER OR SUPPLIER BETHAM RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBURY AVENUE SPENCER, NC 28169		
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C 133	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner because hand grips are coming loose from the wall. This would effect all residents using these toilets by exposing them to fall hazards Findings on 02/04/2015: There are loose hand grips at the following toilets: a) Bathroom S4, b) Bathroom S8	C 133	RESECURE GRAB BARS S4 S8	3-24-15
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner because a handrail is coming loose from the wall. This would effect all residents using the handrail by exposing them to fall hazards. Findings on 02/04/2015 At the right end of the corridor next to the kitchen the handrail is coming loose from the wall. Secure.	C 148	RESECURE HANDRAIL RIGHT END OF CORRIDOR	3-14-15
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 150		

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C 150	Continued From page 3 (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the building corridors were not maintained in a safe manner because med carts, wheelchairs and other equipment were blocking egress. Findings on 2-4-2014 There were med carts, wheelchairs and other equipment blocking the left front and end corridor, and furniture is blocking the back center exit corridor on the left side.	C 150	REMOVE MED CARTS WHEELCHAIRS OTHER EQUIPMENT	3-14-15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 02/04/2015:	C 189		

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C 189	Continued From page 4 a. The ceiling over the bathtub in room N12 has been patched with metal. Repair with gypsum to restore the fire resistance rating of the ceiling. b. In the storage room ceiling across the hall from the kitchen the sprinkler escutcheon has slid down revealing an unprotected penetration. c. The plastic conduits penetrating the ceiling of the electrical room near room 10 must be filled at the bottom with an approved firestopping material. d) The Pantry ceiling is split open. Seal with an approved firestopping material that is part of a firestop system that meets ASTM E-814. 2. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm or obstructing sprinkler coverage. Findings on 02/04/2015: a. The duct smoke detectors on the attic HVAC units do not have access doors to inspect and clean the sample tubes. b. In the front of the attic near the kitchen there is a heat detector hanging by the wires. c) In the front center Living Room a smoke damper in a ceiling HVAC vent has activated. d) In the front center Living Room a smoke damper in a ceiling HVAC vent has activated. 3. Based on observation, the building exit	C 189	<ul style="list-style-type: none"> • REMOVE METAL FROM CEILING. REPLACE WITH 5/8 SHEETROCK 4-5-15 • ADJUST SPRINKLER HEAD IN ATTIC SO THAT IT RAISED TO LEVEL OF CEILING. 3-29-15 • FIRE CAULK CONDUIT AT FLOOR, AND AT CEILING 3-29-15 PATCH AND PAINT CEILING 4-5-15 • ORDER ACCESS DOOR FROM BEAKER. INSTALL 3-31-15 • CLEAN SAMPLE TUBES/ADJUST 3-29-15 • RESECURE HEAT DETECTOR 3-29-15 • SALISBURY FIRE APPLIANCE PURCHASE FUSE 165° 3-31-15 		

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C 189	<p>Continued From page 5</p> <p>signage and emergency illumination were not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.</p> <p>Findings on 02/04/2015: Exit signs and emergency lights are not working in the following locations:</p> <ul style="list-style-type: none"> a) Exit sign near room 1N has the bulbs burned out. b) Exit sign near room 1N needs chevron removed to indicate direction of egress. c) There is no emergency lighting in the south dining room which was constructed in 1997. d) The kitchen Exit light is not working on battery backup. e) Exit sign near room 3N has the bulbs burned out. f) Exit sign near room 8 has no battery backup, and there is no generator. g) At the cross corridor doors at the kitchen, the battery backup on the Exit sign does not work. <p>4. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system.</p> <p>Findings on 02/04/2015: The following bathroom spray hoses have no vacuum breaker to prevent siphoning: a) Room 6, b) Room S15, c) Room S17, d) Room S4,</p>	C 189	<p>REPLACE BULBS 3-14-15</p> <p>REMOVE ARROW 3-14-15</p> <p>ADD LIGHT TO 24 HOUR LT 3-29-15</p> <p>REPLACE EXIT LT 3-14-15</p> <p>REPLACE BULB 3-14-15</p> <p>REPLACE EXIT LT 3-14-15</p> <p>REPLACE EXIT LT 3-31-15</p>

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C 189	Continued From page 6 e) Room S5. 5. Based on observation, the building was not maintained in a safe manner because toilets are coming loose from the floor. This would effect all residents using the toilets by exposing them to leaks from a broken wax seal. Findings on 02/04/2015: There are toilets coming loose from the floor in the following locations: a) Bathroom at N Hall Nurse Station, b) Employee bathroom near N Hall Nurse Station, c) Bathroom at room 2N, d) Bathroom #9. 6. Based on observation, the building electrical components were not maintained in a safe manner because electrical panels were blocked and components were in disrepair. Findings on 02/04/2015: a) The electrical panels are blocked by stored items in the electrical room near room 10. b) The duplex outlet in the Activity Office is coming loose from the wall. c) The front left end exterior GFCI outlet will not trip, and is missing the weatherproof cover. d) The GFCI outlet to the left of the front door will not trip, and is missing the weatherproof cover. e) The GFCI outlet next to the biordbath out front will not trip, and is missing the weatherproof cover. 7. Based on observation, the building plumbing components were not maintained in a safe manner because a shower is damaged. This	C 189	SOUTHEASTERN PLUMBING ORDER VACUUM BREAKERS/INSTALL ROOM 6, S15, S17, S4, S5 * REMOVE ALL ITEMS TO 36" FROM ELECTRICAL TANELS * REPLACE GFCI AND COVER * REPLACE GFCI AND COVER * REPLACE GFCI AND COVER	3-29-15 3-22-15 4-4-15 4-4-15 4-4-15

Division of Health Service Regulation
STATE FORM

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C 195	Continued From page 8 This Rule is not met as evidenced by: 12. Based on observation, the building hot water system was not maintained in a safe manner because water temperatures exceeded the maximum allowed. Findings on 02/04/2015: The hot water in the bathroom at the N Hall Nurse Station tested at 128 degrees F. The tank was immediately dumped and the thermostat adjusted. Followup testing before departure revealed 102 degrees F. Ensure temperature is maintained between 100 - 118 degrees F.	C 195	<ul style="list-style-type: none"> * CIRCULATOR pump BAD REPLACE * ADJUST WATER TEMP 100° TO 116° 	3-29-15 3-29-15	